Resources

To apply for health insurance on the federal exchange: www.healthcare.gov

Community Health Center Locator: http://findahealthcenter.hrsa.gov/

Washington state (residents):
PrEP drug assistance program (PrEP-DAP)
http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices/PrEPDAP

New York state (residents):
PrEP assistance program (PrEP-AP)
Call 1-800-542-2437

Gilead Sciences:
Medication Assistance Program and Co-Pay Assistance
https://start.truvada.com/individual/truvadaprep-copay

Patient Advocate (PAF) Foundation:
Co-Pay Relief Program
https://www.copays.org/diseases/hiv-aids-and-prevention

Division of HIV/AIDS Prevention,
National Center for HIV/AIDS,
Viral Hepatitis, STD, and TB Prevention

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027 USA
Phone: 800-232-4636

December 2015
Covering the Cost of PrEP Care

Insured

- Bill insurance
- Apply for copay assistance from Gilead or PAF

Medication

- Bill insurance

Lab Test

- Bill insurance

Clinic Visits

- Bill insurance

Not insured
But may be eligible for Medicaid or ACA Plans

- Apply

Not eligible for Medicaid or ACA plans
OR
Insurance denies claim

Household Income
500% FPL or less

Medication

- Gilead Medication Assistance Plan
- WA State Medication Assistance Plan

Lab Test

- Care at CHC with sliding fee scale
- NY State PrEP Assistance Plan

Clinic Visits

- Care at CHC with sliding fee scale
- NY State PrEP Assistance Plan

Household Income
more than 500% FPL

Medication

- Bill insurance

Lab Test

- Bill insurance

Clinic Visits

- Bill insurance

Definitions:

PrEP - Daily pill to prevent HIV infection (pre-exposure prophylaxis)
Co-pay - Fixed amount to be paid by insured person per prescription
Co-insurance - Fixed percentage of prescription cost to be paid by insured person
Deductible - Amount of health care cost (including prescriptions) that must be paid by the insured person before insurance begins to cover costs

PrEP Medication Assistance Program
(Gilead Sciences)

People eligible for this program must:

- Be 18 years of age or older
- Be without insurance or have payment declined by their insurance carrier
- Be resident in the US (social security number not required)
- Have family income ≤ 500% of the federal poverty level

Once enrolled in this program:

- Medication will be sent to the provider, a pharmacy, or the patient’s home
- Patients can get their medication at no charge from their provider or pharmacy for as long as they are eligible
- Eligibility must be confirmed every 6 months by the provider

PrEP Medication Assistance Program

<table>
<thead>
<tr>
<th>Family Size</th>
<th>500% Federal Poverty Level Household Annual Income must be less than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
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<td>6</td>
<td>$162,850</td>
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</tbody>
</table>

*Source: https://www.healthcare.gov/glossary/federal-poverty-level-FPL/